
Application Data Sheet

Application Information

Application number::	<i>None</i>
Filing Date::	<i>02 / 25 / 04</i>
Application Type::	<i>Regular</i>
Subject Matter::	<i>Utility</i>
Suggested classification::	<i>514/23</i>
Suggested Group Art Unit::	<i>None</i>
CD-ROM or CD-R?::	<i>0</i>
Number of CD disks::	<i>0</i>
Number of copies of CDs::	<i>0</i>
Sequence submission?::	<i>None</i>
Computer Readable Form (CRF)?::	<i>No</i>
Number of copies of CRF::	<i>0</i>
Title ::	<i>Dietary Supplement For Suppressing Appetite, Enhancing and Extending Satiety, Improving Glycemic Control, and Stimulant Free</i>
Attorney Docket Number::	<i>None</i>
Request for Early Publication?::	<i>No</i>
Request for Non-Publication?::	<i>No</i>
Suggested Drawing Figure::	<i>0</i>
Total Drawing Sheets::	<i>0</i>
Small Entity?::	<i>No</i>
Latin name::	
Variety denomination name::	
Petition included?::	<i>No</i>
Petition Type::	
Licensed US Govt. Agency::	<i>None</i>
Contract or Grant Numbers::	<i>None</i>
Secrecy Order in Parent Appl.?::	<i>No</i>

— Applicant Information

Applicant Authority Type:: *Inventor*

Primary Citizenship *US*

Country::

Status::

Given Name:: *Alvin*

Middle Name::

Family Name:: *Needleman*

Name Suffix::

City of Residence:: *Lancaster*

State or Province of *Pennsylvania*

Residence::

Country of Residence:: *US*

Street of mailing address:: *2111 Mallard Dr*

City of mailing address:: *Lancaster*

State or Province of *Pennsylvania*

mailing address::

Country of mailing *US*

address::

Postal or Zip Code of *17601-5449*

mailing address::

— Applicant Information

Applicant Authority Type:: *Inventor*

Primary Citizenship *US*

Country::

Status::

Given Name:: *Harriet*

Middle Name::

Family Name:: *Needleman*

Name Suffix::

City of Residence:: *Lancaster*

State or Province of *Pennsylvania*

Residence::

Country of Residence:: *US*

Street of mailing address:: *2111 Mallard Dr*

City of mailing address:: *Lancaster*

State or Province of *Pennsylvania*

mailing address::

Country of mailing *US*

address::

Postal or Zip Code of *17601-5449*

mailing address::

Correspondence Information

**Correspondence Customer
Number ::**

Name:: *Alvin Needleman*

Street of mailing address:: *2111 Mallard Dr*

City of mailing address:: *Lancaster*

**State or Province of mailing
address::** *Pennsylvania*

Country of mailing address:: *US*

**Postal or Zip Code of mailing
address::** *17601-5449*

Phone number:: *717-295-7647*

Fax Number: *717-295-8382*

E-Mail address:: *alneedleman@comcast.net*

Representative Information

Representative Customer Number::	NONE	
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-OR-

Representative Designation::	Registration Number::	Representative Name::
NONE	NONE	NONE

Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
NONE	N/A	N/A	N/A